

Case Number:	CM15-0127202		
Date Assigned:	07/13/2015	Date of Injury:	10/30/2007
Decision Date:	08/11/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 61-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression and headaches reportedly associated with an industrial injury of October 30, 2007. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve requests for Norco, Kadian, and electrodiagnostic testing of the left leg. The claims administrator referenced a June 1, 2015 RFA form and associated progress note of the same date in its determination. The claims administrator contended that the applicant has failed to profit from the medications in question and also suggested that portions of the attending provider is reporting were inaccurate and/or outdated. The applicant's attorney subsequently appealed. In a March 31, 2015 RFA form, Percocet was endorsed. In an associated progress note dated March 31, 2015, the applicant reported widespread, diffuse neck, back, and leg pain. The applicant had sustained multiple traumatic compression fractures, it was reported. The applicant reported pain complaints as high as 7/10. The note was somewhat difficult to follow as it mingled historical issues with current issues. The attending provider stated that the applicant's ability to walk a few blocks had been ameliorated as a result of ongoing medication consumption. The attending provider also stated that the applicant was able to perform unspecified household chores as a result of ongoing medication consumption but did not elaborate further. The applicant was apparently using Ambien; it was stated toward the top of the report. In another section of the note, it was stated that the applicant was using Kadian, Norco, Voltaren gel, oral diclofenac, Flexeril, Neurontin, Topamax, Vytarin, and naproxen. It was not clear when the medications have last been updated, however. The applicant's BMI was

30. The applicant's work status was not explicitly stated, although the applicant did not appear to be working. In a handwritten note dated June 1, 2015, Norco and Kadian apparently were renewed while the applicant was asked to remain off work. It was suggested that the applicant had retired, although it was not clear whether this represented an age-related retirement or a chronic pain-related retirement. On June 1, 2015, the applicant reported 7/10 pain without medications versus 3/10 pain with medications. The applicant was described as "horribly depressed" in one section of the note. The attending provider posited that the applicant would be bedridden without his medications. The attending provider acknowledged that standing, walking, and squatting remained problematic but suggested that the applicant's medications helped the applicant "somewhat". Norco and Kadian were renewed. The applicant was given various diagnoses, including knee arthritis, meniscal derangement, lower extremity pain, depression, sciatica, myofascial pain, and degenerative disk disease. Electrodiagnostic testing of the left lower extremity was endorsed. Somewhat incongruously, the attending provider reported that the applicant had had "recent" lumbar MRI imaging of December 2011 which was normal and then stated, in another section of the note, that the applicant was pending some kind of surgical intervention through another provider.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Unknown prescription of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, as reported on June 1, 2015, although it was not clearly established whether this was a result of age-related retirement or chronic pain concerns. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports, were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing opioid usage (if any). The attending provider's commentary to the effect that the applicant would be bedridden without his medications did not, in and of itself, constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing Norco usage. The attending provider also suggested on June 1, 2015 that the applicant was worsened at this point in time and also explicitly stated that the applicant was "not functional" on this date. It did not appear, in short, the applicant had profited from ongoing Norco usage. Therefore, the request was not medically necessary.

Unknown prescription of Kadian 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Kadian, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, it was acknowledged on June 1, 2015. While it was not clearly stated whether this was a function of age-related retirement versus a function of chronic pain issues, the applicant's failure to return to work, coupled with the treating provider's failure to articulate meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Kadian usage did not make a compelling case for continuation of the same. The treating provider's reports of June 1, 2015 to the effect that the applicant was "not functional" and to the effect that the applicant would be bedridden without his medications did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing Kadian usage. Therefore, the request was not medically necessary.

1 EMG/NCS of the left leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) (2015) ACOEM Guidelines, Chapter 13 (Knee Complaints: General approach and basic principles) (2004) Pg 330, 334, 339.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Finally, the request for electrodiagnostic testing of the left leg was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant was in fact given a diagnosis of sciatica on the June 1, 2015 progress note in question. It was not clearly stated why electrodiagnostic testing was sought if the applicant already had an established diagnosis of lumbar radiculopathy. The applicant was described as using Flexeril and Topamax on this date, presumably for radicular pain complaints. Sciatica or lumbar radiculopathy was listed as one of the primary operating diagnoses. A clear or compelling rationale for pursuit of electrodiagnostic testing in the face of the applicant's carrying a diagnosis of clinically obvious radiculopathy was not established as set forth by the attending provider. Therefore, the request was not medically necessary.